BIRTH NO.  BERTH NO.  BERTH NO.  BEG. DIST. NO
1. PLACE OF DEATH a. COUNTY JACKSON  b. CITY (II outgide corporate limite, write RURAL and give or Deather) TOWN KANSAS C. ITY township)  G. FULL NAME OF (If not in heapital or institution, give stress address or location) HOSPITAL OR (II out in heapital or institution, give stress address or location) HOSPITAL OR (II out in heapital or institution, give stress address or location) HOSPITAL OR (II out in heapital or institution, give stress address or location) HOSPITAL OR (II out in heapital or institution, give stress address or location) HOSPITAL OR (II out in heapital or institution, give stress address or location) HOSPITAL OR (II out in heapital or institution, give stress address or location) HOSPITAL OR (II out in heapital or institution, give stress address or location) HOSPITAL OR (II out in heapital or institution, give stress address or location) HOSPITAL OR (II out in heapital or institution, give stress address or location) HOSPITAL OR (II out in heapital or institution, give location) HOSPITAL OR (II out in heapital or institution, give location) HOSPITAL OR (II out in heapital or institution, give location) HOSPITAL OR (II out in heapital or institution, give location) HOSPITAL OR (II out in heapital or institution, give location) HOSPITAL OR (II out in heapital or institution, give location) HOSPITAL OR (II out in heapital or institution, give location) HOSPITAL OR (II out in heapital or institution, give location) HOSPITAL OR (II out in heapital or institution, give location) HOSPITAL OR (II out in heapital or institution, give location) HOSPITAL OR (II out in heapital or institution, give location) HOSPITAL OR (II out in heapital or institution, give location) HOSPITAL OR (II out in heapital or institution, give location) HOSPITAL OR (II out in heapital or institution, give location) HOSPITAL OR (II out in heapital or institution, give location) HOSPITAL OR (II out in heapital or institution, give location) HOSPITAL OR (II out in heapital or institution, give location) HOSPITAL OR (II out in
a. COUNTY    Tackson   City (it outside corporate limits, write RURAL and give township)   STAY its a this place of the Cery's constitution   STAY its address or location   ADDRESS   OR   STREET   (If rural, give location)   ADDRESS   OR   OR   ADDRESS   OR   ADDRESS   OR   ADDRESS   OR   ADDRESS   OR   OR   OR   OR   OR   OR   OR
D. CITY (If outside corporate limits, write RIRAL and dive township)  D. CITY (If outside corporate limits, write RIRAL and dive township)  TOWN KANSAS CITY 35 TAY (In this place)  G. CITY (If outside corporate limits, write RIRAL and cive township)  TOWN KANSAS CITY 35 TOWN  H. FLILL NAME OF (If out is beaptial or insultation, give street address or location)  H. FLILL NAME OF (If out is beaptial or insultation, give street address or location)  H. FLILL NAME OF (If out is beaptial or insultation), give street address or location)  H. FLILL NAME OF (If outside corporate limits, write RIRAL and cive township)  TOWN KANSAS CITY 35 TOWN  ANNABAS CITY 355 TOWN  MANSAS CITY 355 TOWN  MARCH (If rural, give location)  MARC
OR TOWN KANSAS CITY township STAY (in this place)  OR TOWN KANSAS CITY township Stay (in the place)  OR TOWN KANSAS CITY 50 TOWN KANSAS CITY 50 DE  OR TOWN KANSAS CITY 50 DE  OWN BANCE  OWN KANSAS CITY 50 DE  OWN BANCE  OWN KANSAS CITY 50 DE  OWN BANCE  OWN CITY TOWN KANSAS CITY 50 DE  OWN BANCE  OWN B
d. FULL NAME OF It not is benjical or fastituation, give stress address or location   ADDRESS   1004   WEST 2/ST STREET   ADDRESS   1005   WEST 2/ST STREET   ADDRESS   1006   WEST 2/ST STREET   ADDRESS   1006   WEST 2/ST STREET   1007   WEST 2/
3. NAME OF DECASED (Type or Print)  CARRIE  BELL  EMBRSON  4. DATE (Month) (Day) (Year) OF DEATH  CARRIE  BELL  EMBRSON  5. SEX  6. COLOR OR RACE  NEGRO  10a. USUAL OCCUPATION (Give kind of work done done during most of wything life, even if returned) 10b. KIND OF BUSINESS OR INDUSTRY  HOUSE WIFE  13b. MOTHER'S MADE  13b. MOTHER'S MADE  15 WAS DECEASED EVER IN U.S. ARMED FORCES?  16 SOCIAL SECURITY (Yee, no. or unknown) (If yee, rive war or dates of service)  17 INFORMANT'S SIGNATURE OR NAME  18 CAUSE OF DEATH  Enter only one causoper line for (a), (b), and (c)  "This does not mean the mode of drying, such as heart fellure, asthering disc. It means the discrete compilor.  ID SISSASE OR CONDITION  DIRECTLY LEADING TO DEATH* (a) Cardiac-Respiratory Failure  MEDICAL CERTIFICATION  INTERVAL BETWEEN ONSET AND DEATH* (b) Hemorrhage  15 DUE TO (c) Cancer of the Cervix  15 DUE TO (c) Cancer of the Cervix  16 DUE TO (c) Cancer of the Cervix  17 INTERVAL BETWEEN ONSET AND DEATH*  18 DUE TO (c) Cancer of the Cervix  19 DUE TO (c) Cancer of the Cervix
S. SEX   G. COLOR OR RACE   DEATH   R. SOLOR OR RACE   VILVA   DEATH   D
5. SEX   6. COLOR OR RACE   7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)   8. DATE OF BIRTH   9. AGE (In years)   In which does during most of wyshale like weath freshed   10b. KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?   13b. MOTHER'S MAIDEN NAME   13b. MOTHER'S MAIDEN NAME   13b. MOTHER'S MAIDEN NAME   14. NAME OF HUSBAND OR WIFE   VIS. A   15c. AUSTON   16. SOCIAL SECURITY   NO.   17. INFORMANT'S SIGNATURE OR NAME   18. CAUSE OF DEATH   15c. CAUSE OF Grips, such as heart failure, asthemia, etc. It means the discase, injury, or complication which caused death.   15c. CAUSE OF OPERATION   15c. CAUSE OF OPERATION   15c. CAUSE OF DEATH   15c. CAUSE OF CONDITIONS   15c. CAUSE OF CONDITIONS   15c. CAUSE OF CONDITIONS   15c. CAUSE OF CONDITIONS   15c. CAUSE OF CONDITION   15c. CAUSE OF CONDITIONS   15c. CAUSE OF CAUSE OF CONDITIONS   15c. CAUSE OF CONDITIONS   15c. CAUSE OF C
10b. KIND OF BUSINESS OR INDUSTRY  11c. BIRTHPLACE (State or foreign country)  11c. CITIZEN OF WHA  COUNTRY?  VACKS ON MISS ISSIPPI  11c. BIRTHPLACE (State or foreign country)  VACKS ON MISS ISSIPPI  11c. COUNTRY?  VACKS ON MISS ISSIPPI  11c. BIRTHPLACE (State or foreign country)  VACKS ON MISS ISSIPPI  11c. BIRTHPLACE (State or foreign country)  VACKS ON MISS ISSIPPI  11c. BIRTHPLACE (State or foreign country)  VACKS ON MISS ISSIPPI  11c. BIRTHPLACE (State or foreign country)  VACKS ON MISS ISSIPPI  11c. BIRTHPLACE (State or foreign country)  VACKS ON MISS ISSIPPI  11c. BIRTHPLACE (State or foreign country)  VACKS ON MISS ISSIPPI  11c. BIRTHPLACE (State or foreign country)  VACKS ON MISS ISSIPPI  11c. BIRTHPLACE (State or foreign country)  VACKS ON MISS ISSIPPI  11c. BIRTHPLACE (State or foreign country)  VACKS ON MISS ISSIPPI  11c. BIRTHPLACE (State or foreign country)  VACKS ON MISS ISSIPPI  11c. BIRTHPLACE (State or foreign country)  VACKS ON MISS ISSIPPI  11c. BIRTHPLACE (State or foreign country)  VACKS ON MISS ISSIPPI  11c. BIRTHPLACE (State or foreign country)  VACKS ON MISS ISSIPPI  11c. BIRTHPLACE (State or foreign country)  VACKS ON MISS ISSIPPI  11c. BIRTHPLACE (State or foreign country)  VACKS ON MISS ISSIPPI  11c. BIRTHPLACE (State or foreign country)  VACKS ON MISS ISSIPPI  11c. BIRTHPLACE (State or foreign country)  VACKS ON MISS ISSIPPI  11c. BIRTHPLACE (State or foreign country)  VACKS ON MISS ISSIPPI  11c. BIRTHPLACE (State or foreign country)  VACKS ON MISS ISSIPPI  11c. BIRTHPLACE (State or foreign country)  VACKS ON MISS ISSIPPI  11c. BIRTHPLACE (State or foreign country)  VACKS ON MISS ISSIPPI  11c. BIRTHPLACE (State or foreign country)  VACKS ON MISS ISSIPPI  11c. BIRTHPLACE (State or foreign country)  11c. BIRTHPLACE (State or foreign country)  VACKS ON MISS ISSIPPI  11c. BIRTHPLACE (State or foreign country)  VACKS ON MISS ISSIPPI  11c. BIRTHPLACE (State or foreign country)  VACKS ON MISS ISSIPPI  11c. BIRTHPLACE (State or foreign country)  11c. BIRTHPLACE (State or foreign country)  V
3a. FATHER'S NAME  JOLIUS JACKSON  MARY E. OWENS  14. NAME OF HUSBAND OR WIFE  NO.  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee. no, or unknown) (If yee, sive war or dates of service)  16. SOCIAL SECURITY NO.  17. INFORMANT'S SIGNATURE OR NAME  ADDRESS  18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  This does not mean the mode of dying, such as heart failure, asthenia, sic. It means the discase or conditions, if any, giring DUE TO (b)  The means the discase or conditions, if any, giring DUE TO (c)  To (c) Cancer of the Cervix  11. OTHER SIGNIFICANT CONDITION  Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF, OPERA.  TION  TO ACKSON  MARY E. OWENS  14. NAME OF HUSBAND OR WIFE  NO.  MRS. Mattie Mae Norman 1004 W. 21st.  ADDRESS  MEDICAL CERTIFICATION  DIRECTLY LEADING TO DEATH*(a) Cardiac-Respiratory Failure  ANTECEDENT CAUSES  MOTECEDENT CAU
IS. WAS DECEASED EVER IN U.S. ARMED FORCES? IG. SOCIAL SECURITY NO. INFORMANT'S SIGNATURE OR NAME ADDRESS (Yee, no. or unknown) (If yee, rive war or dates of service) NO. INC. INFORMANT'S SIGNATURE OR NAME ADDRESS (Yee, no. or unknown) (If yee, rive war or dates of service) NO. INC. INFORMANT'S SIGNATURE OR NAME ADDRESS (Yee, no. or unknown) (If yee, rive war or dates of service) NO. INC. INFORMANT'S SIGNATURE OR NAME ADDRESS (If yee, no. or unknown) (If yee, rive war or dates of service) NO. INC. INFORMANT'S SIGNATURE OR NAME ADDRESS (II. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cardiac-Respiratory Failure  **This does not mean the mean deed of dying, such as heart failure, asthenia, etc. It means the disease for conditions, if any, giving DUE TO (b) Hemorrhage its to the above cause (a) stating the underlying cause last.  **DUE TO (c) Cancer of the Cervix    Output   Due to (c) Cancer of the Cervix
IS. WAS DECEASED EVER IN U.S. ARMED FORCES? IS. SOCIAL SECURITY (Yes, no, or unknown) (If yes, sive war or dates of service) none (If yes, sive war or dates n
(If yes, sive war or dates of service)  NO.  NO.  NO.  NO.  NO.  NO.  NO.  NO
MEDICAL CERTIFICATION  Interval Between only one cause oper line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the discress, injury, or complication which caused death.  DUE TO (c) Cancer of the Cervix  II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  DUE TO (c) Cancer of the Cervix  19a. DATE OF, OPERA-  TION  TION  MEDICAL CERTIFICATION  INTERVAL BETWEEN ONSET AND DEATH  ONSET AND DEATH  INTERVAL BETWEEN ONSET AND DEATH  ONSET AND DE
Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the discase, injury, or complication which caused death.  DUE TO (c) Cancer of the Cervix  1. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  DUE TO (c) Cancer of the Cervix  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  DUE TO (c) Cancer of the Cervix  12. AUTOPSY?  TION  DUE TO (c) Cancer of the Cervix  23. AUTOPSY?  YES \( \text{NO}\) NO \( \text{X} \)
the mode of dring, such as heart failure, asthenia, etc. It means the discase, injury, or complication which caused death.  10 OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF. OPERA- TION  TION  TION  Morbid conditions, if any, giving DUE TO (b) Hemorrhage  Hemorrhage  DUE TO (c) Cancer of the Cervix  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  20. AUTOPSY?  YES \( \sum NO \( \sum \)
DUE TO (c) CANCER OF the CERVIX    DUE TO (c) CANCER OF the CERVIX   II. OTHER SIGNIFICANT CONDITIONS   Conditions contributing to the death but not related to the disease or condition causing death.    19a. DATE OF OPERA-   19b. MAJOR FINDINGS OF OPERATION   20. AUTOPSY?   TION   TION   TION   YES   NO   X
DUE TO (c) CANCER OF the CERVIX  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERA-  TION  TION  DUE TO (c) CANCER OF the Cervix  Conditions  Conditions contributing to the death but not related to the disease or condition causing death.  20. AUTOPSY?  YES \( \sum NO \( \sum \)
ease, injury, or complication which caused death.  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERA- TION  TION  TION  DUE TO (c) CARCEP OF THE CEPVIX  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  20. AUTOPSY?  YES \[ \begin{array}{c} \text{NO} \emptyred{\text{X}} \\ \text{NO} \[ \text{X} \emptyred{\text{X}} \\ \text{YES \[ \text{NO} \[ \text{X} \\ \text{YES \[ \text{NO} \\ \\ \text{YES \[ \text{YES \[ \text{NO} \\ YES \[ \text{YES \[ \t
Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERA- TION TION TION TION TION TION TION TION
TION YES NO X
-   YES
21a. ACCIDENT (Bpecify) 21b. PLACE OF INJURY (e.g., in or about bome, farm, factory, street, office bldg., etc.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
HOMICIDE
21d. TIME (Months (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?  OF INJURY MORK AT WORK AT WORK
22. I hereby certify that I attended the deceased from Nov. 28, 1950, to Dec. 29, 1950, that I last saw the deceased alive on Dec. 29, 1950, and that death occurred at 1:45A m., from the causes and on the date stated above.
23a. SIGNATURE P. M & Ounce Degree of thie) 23b. ADDRESS 23c. DATE SIGNED 2604 Prospect Ave. K.C. Mo. 1/2/51
TION, REMOVAL (Specify)
BURIAL 1/3/51 MAPLE HILL KANSAS CITY KS.
AND SUMEDAL DIRECTOR'S SIGNATURE AND SEE
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  25. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS .  11. The state of the

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose haine is recorded on the reverse side of this	certificate was embaimed by me, or by
	Student Embalmer No
working under my personal supervision.	
	_

P. O. Address Lausas Cely 8, Ma.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failube to comply with

the above constitutes grounds for revocation of license.)

. If this body is not embalmed, fact should be so stated above.